



Acquired Brain Injury Screening Tool

This document offers guidance for completing and interpreting the Acquired Brain Injury screening, a form titled “Lifetime History of Traumatic Injury (from the OSU TBI-ID) and other ABIs.”

Complete this screening to determine if a person may have had a brain injury. This screening does not result in a diagnosis, is not intended to be used for eligibility determination and DOES NOT replace face-to-face evaluation and assessment with a trained professional. This information should be treated as Protected Health Information. Deidentified data may be analyzed for program identification.

BACKGROUND

Brain injury is a chronic condition. It is often a multi-occurring condition with mental health, substance abuse, unemployment, corrections involvement and homelessness. Screening for a history of brain injury is a best practice when responding to or planning clinical and community based responses for clients served in health, community and corrections services. Brain injury screening tools do NOT provide a diagnosis or indicate an absence of a brain injury. They are, however, meant to assess for a person’s exposure to brain injury.

DEFINITIONS

Acquired brain injuries (ABI) occur when there is an event that results in damage to the brain anytime during a person’s life after birth which temporarily or permanently impairs a person’s physical, cognitive or behavioral functions. Brain injuries are not primarily related to a degenerative disease or aging process.

Non-traumatic brain injuries are ABIs caused by stroke, infection, anoxia, vascular lesions or tumor of the brain.

Traumatic brain injuries (TBI) are ABIs caused by an external force affecting the brain. TBIs may result from the head hitting an object, something hitting the head or the head being shaken. Concussions are a type of TBI.

ADMINISTERING THE SCREENING

This form is a tool to screen for an individual's lifetime history of ABI:

- Fill out the form with the individual, either by telephone or face-to-face
- Complete questions 1 – 4 (read prompter statement/question for each section, followed by each response option)

INTERPRETING RESULTS

This tool provides an estimate (not a perfect accounting) of the likelihood that consequences have resulted from one's lifetime exposure to brain injury. It is recommended that additional consideration be given to the potential effects of this exposure when:

- WORST – One moderate or severe TBI (question 1 b)
 - Moderate = Loss of consciousness between 30 minutes to 24 hours
 - Severe = loss of consciousness for 24 hours or longer
- FIRST – TBI with any loss of consciousness before age 20 (question 1 c)
- OTHER SOURCES – Any ABI combined with another way that their brain function has been impaired (questions 2 & 3)

NEXT STEPS

If the individual shows evidence of a history of TBI, consider the following:

- Learn more about TBI and share what you've learned with the impacted individual
- Consider simple accommodations you can make in your treatment, especially how you communicate
- If cognitive problems are getting in the way of treatment or services, consider consulting a rehabilitation professional
- Consider how side effects of any medication you are prescribing may interact with existing impairment
- Provide a copy of the completed tool to the individual for their records
- If warranted (i.e., the individual screens positive for worst, first or other sources as defined in the interpretation of screening results) consider a referral to or resource facilitation available through the Brain Injury Association of Maryland (1-800-221-6443, biamd.org).

Additional steps may be recommended by your organization for further assessments or medical record requests.

The OSU TBI-ID+ABI adapted with permission from the Ohio State University TBI Identification Method (Corrigan, J.D., Bagner, J.A. (2007). Initial reliability and validity of the OSU TBI Identification Method. J Head Trauma Rehabil, 22(6):318-329. ©Reserved 2007, The Ohio Valley Center for Brain Injury Prevention and Rehabilitation

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